

NAME: _____
(LAST) (FIRST) (MIDDLE)

POSITION APPLYING FOR: _____

APPLICATION FOR EMPLOYMENT



THE TOWN OF LEESBURG HUMAN RESOURCES OFFICE

25 West Market Street • P.O. Box 88 • Leesburg, Virginia 20178 • (703) 737-7177

AN EQUAL OPPORTUNITY EMPLOYER
ADA REASONABLE ACCOMMODATIONS UPON REQUEST

**PLEASE READ THESE INSTRUCTIONS
BEFORE YOU COMPLETE YOUR APPLICATION**

Applications are only accepted for jobs which are currently open.
BE SURE TO LIST THE TITLE OF THE JOB FOR WHICH YOU ARE APPLYING.

Complete the entire application. Incomplete applications WILL NOT be considered.

Mail or bring your application to the Human Resources Department:
Town of Leesburg, P.O. Box 88, 25 West Market Street, Leesburg, Virginia 20178

1. PRINT NAME _____
(LAST) (FIRST) (MIDDLE)
2. ADDRESS _____
CITY _____ STATE _____ ZIP _____
3. PHONE Home (____) _____ Work (____) _____
4. EMAIL _____ SS# _____
(This information not required.)
5. Are you legally eligible to work in the U.S.? Yes No Are you a veteran? Yes No
6. Do you have a valid driver's license? Yes No Commercial Drivers License? Yes No
Expiration date: _____ Driver's License Number: _____
7. Have you previously filed an application with the Town of Leesburg? Yes No
If "YES" give position applied for and date.
8. EDUCATION: Name and location of high school attended:

Did you graduate? Yes No If not, have you passed a G.E.D. test? Yes No

	School & Location	From / To	Date Graduated	Degree	Major Area of Study
College Or University					
Other Education					

9. **SPECIAL QUALIFICATIONS AND SKILLS:** (typing, shorthand, foreign language, professional licenses and certificates, publications, scholastic honors, etc.)

10. **EXPERIENCE:** Start with your present job and work back, include military and volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include all requested information.

Present Employer _____

Address _____

Phone Number (____) _____ Fax (____) _____

Dates of Employment: From _____ to _____ Hours per week _____

Supervisor's Name _____

Job Title	Starting Salary	Ending Salary
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Reason for Leaving _____

Work Description _____

Employer _____

Address _____

Phone Number (____) _____ Fax (____) _____

Dates of Employment: From _____ to _____ Hours per week _____

Supervisor's Name _____

Job Title	Starting Salary	Ending Salary
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Reason for Leaving _____

Work Description _____

Employer _____

Address _____

Phone Number (____) _____ Fax (____) _____

Dates of Employment: From _____ to _____ Hours per week _____

Supervisor's Name _____

Job Title _____

Starting Salary _____

Ending Salary _____

Reason for Leaving _____

Work Description _____

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11. Have you ever been dismissed or forced to resign a position? Yes No
12. Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations.
Include convictions by general court martial while in the military service Yes No

If "YES", give date, place, charge, court, and fine or sentence.

(A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made.)

13. How did you learn about the job for which you are applying? _____
14. May we conduct a background check of your qualifications, character and record of employment? Yes No

If "NO", please explain.

ATTENTION: THIS STATEMENT MUST BE SIGNED.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge, and that misrepresentation or omissions may result in rejection of my application, permanent ineligibility for appointments or dismissal.

Signature of Applicant

Date

THE TOWN OF LEESBURG

HUMAN RESOURCES DEPARTMENT

VOLUNTARY INFORMATION FOR REPORTING PURPOSES ONLY

This form WILL NOT become part of your application for employment. The information collected will be used to comply with the Federal Equal Employment Opportunity Commission (EEOC) reporting requirements. We ask your cooperation in providing us with the following information. Thank you.

(Please print in ink or type)

APPLICANT INFORMATION

1. PRINT NAME _____
(last) (first) (middle)
2. SOCIAL SECURITY NUMBER _____
3. DATE OF BIRTH _____
4. POSITION APPLIED FOR _____
5. DATE APPLIED _____
6. DISABLED (Please check if appropriate)
Sight _____ Hearing _____ Speech _____ Mobility _____
Other _____
7. SEX AND ETHNIC ORIGIN
Male _____ Female _____
White _____ Black _____ Hispanic _____
American Indian-Alaskan Native _____ Asian-Pacific _____
8. Veteran Yes _____ No _____

REFERRAL SOURCE

Walk-in _____ Relative _____
Employee _____ Employment Agency _____
School _____ Advertisement: _____
Other _____ Source _____

Name of person who referred you (if applicable) _____

The Federal Equal Employment Opportunity Commission defines ethnic origin as follows:

“WHITE”: (Not of Hispanic Origin) - Persons having origins in any of the original peoples of Europe (excluding Spain), North Africa or the Middle East (includes all countries within the Arabian peninsula; excluding countries within the Indian Subcontinent.)

“BLACK”: (Not of Hispanic Origin) - Persons having origins in any of the Black racial groups of Africa.

“HISPANIC”: Persons having origins in the original peoples of Spain and persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

“AMERICAN INDIAN OR ALASKAN NATIVE”: Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation.

“ASIAN OR PACIFIC ISLANDER”: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.